

**Tennessee Department of Environment & Conservation
Division of Solid Waste Management**

**SOLID WASTE PERMIT BY RULE
NOTIFICATION PACKAGE**

This package contains three different applications that must be submitted to the TN Department of Environment & Conservation when an applicant pursues a Solid Waste Permit By Rule:

1. **The Solid Waste Permit By Rule Notification and accompanying instructions.** (The notification is to be sent to the appropriate Solid Waste Management Environmental Field Office (EFO) (www.tdec.net/efo) for review.) ; and
2. **The Solid Waste Permit By Rule Financial Assurance Worksheet.** (The worksheet should be submitted with the notification to the appropriate Solid Waste Management Environmental Field Office (EFO) (www.tdec.net/efo) for review.); and
3. **The Solid Waste Permit By Rule Filing Fee form and accompanying instructions.** Submit this form with the appropriate fee to:

TN Department of Environment & Conservation
Division of Fiscal Services
Fee Collection Section – SWM
14th Floor L & C Tower
401 Church Street
Nashville, TN 37243

The applicant should contact the Division of Solid Waste Management EFO (see above website for contacts and addresses) to answer any questions concerning the Permit By Rule Notification Package.

DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF SOLID WASTE MANAGEMENT
SOLID WASTE PERMIT BY RULE NOTIFICATION



1. a. Full, Legal Name of Facility		Identification Number (Official Use Only)	
b. Facility Mailing Address	City	State	Zip Code
c. Physical Location or Address of Facility		County	
d. Latitude (degrees, minutes, and seconds)	Longitude (degrees, minutes, and seconds)		
e. Name of Facility Manager or Site Operator		Phone Number With Area Code ()	
f. Affiliation of Site Operator (If different from permittee)			

2. a. Name of Applicant (Corporation, etc.) as Permittee		Phone Number With Area Code ()	
b. Name of Responsible Official		Phone Number With Area Code ()	
c. Responsible Official's Mailing address	City	State	Zip Code

3. a. Landowner Name		Phone Number With Area Code ()	
b. Landowner Mailing Address	City	State	Zip Code

c. Signature of Landowner _____		Date _____	
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4. a. Type of Permit-By-Rule Requested:			
<input type="checkbox"/> Coal Ash Facility	<input type="checkbox"/> Land Application	<input type="checkbox"/> Tire Storage Facility	
<input type="checkbox"/> Convenience Center	<input type="checkbox"/> Processing Facility	<input type="checkbox"/> Transfer Station	
b. Description of Activities and Wastes Handled or Processed:			

c. Amount of Waste Handled/Processed/Stored:			
Weight _____ tons/day	Volume _____ cubic yards/day	Maximum Storage Capacity _____ cubic yards	

5. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.

Date _____	Signature of Responsible Official _____
	Typed Name of Responsible Official _____
	Official Title _____
	Signature of Notary _____
	Date Commission Expires _____

(Notary Seal)

INSTRUCTIONS FOR SOLID WASTE PERMIT BY RULE NOTIFICATION

Complete this form for each facility that is processing and/or disposing of solid waste in Tennessee. If multiple facilities exist or are planned, describe each facility and its wastes on a separate form. **Submit completed documents to the respective field office in your area.**

Each existing facility must submit this form along with the required information [1200-1-7-.02(1)(c)2.] within ninety (90) days after the effective date of this rulemaking. Facilities beginning operation after the effective date of this rulemaking must submit this form along with the required information [1200-1-7-.02(1)(c)2] at least thirty (30) days before beginning operation.

- Line 1a. **Full, Legal Name of Facility** - The full, legal name for this site to distinguish it from any other site the applicant or organization may own or operate in Tennessee. **Identification Number** - leave blank for Division usage.
- b. **Facility Mailing Address** - Give a complete mailing address for physical facility location.
- c. **Physical Location or Address of Facility** - Information that will aid the Division in going to the site/facility. **Do not** give a Post Office Box Number.
- d. Supply the **latitude** and **longitude** of the site with the precision of degrees, minutes and seconds. Latitude and longitude may be found by using a U. S. Geological Survey quadrangle map.
- e. **Name of Facility Manager or Site Operator** - The name and phone number of the manager or person who is responsible for the direction of activities at the site/facility.
- f. **Affiliation of Site Operator (If different from permittee)** - If site is operated by person or entity other than permittee, furnish name of person or corporation, etc.
- Line 2a. **Name of Applicant (Corporation, etc) as Permittee** - Name of legal entity making application (individual, corporation, government agency, etc.) This will be the permittee of record.
- b. **Name of Responsible Official** - The name and phone number of the person whom the Division may contact for further information about the contents of this form and who is authorized by the permittee to complete this notification form.
- c. **Responsible Official Mailing address** - Address of Responsible Official representing the permittee having authority to make application.
- Line 3a. **Landowner name** - The person(s) or organization name(s) and phone number(s) of the immediate owner(s) of the property [attached letter from landowner(s) as required by Rule 1200-1-7-.02(2)(d)1.(iv)].
- b. **Landowner Mailing address** - A complete mailing address for landowner.
- c. **Signature of Landowner** - The landowner(s) must sign and date the notification form.
- Line 4a. **Type of Permit-By-Rule Requested** - Check the appropriate type(s).
- b. **Description of Activities and Wastes Handled or Processed** - Provide a brief narrative statement that describes the activities and wastes handled or processed at the facility.
- c. **Amount of Waste Handled/Processed/Stored** - Provide an estimate of the daily weight in tons/day and/or volume in cubic yards/day that will be handled at the facility. Indicate the maximum amount of waste that can be stored in cubic yards.
- Line 5 **Certification** - After all documents have been compiled for submission to the Division, the manager or owner responsible for the site must sign, date and give title. This signature must be notarized.

FINANCIAL ASSURANCE WORKSHEET

Fill out the “Processing Facility Financial Assurance Worksheet”. This will be used to determine what amount of financial assurance, if any, you will be required to post for this facility.

Financial assurance is not required on all permit-by-rule facilities. Please refer to the permit-by-rule conditions specified at rule 1200-1-7-.02(1)(c) for specific facilities. There are also site-specific financial assurance conditions as prescribed by the Commissioner.

Please submit the Financial Assurance Worksheet with the notification package to the proper Solid Waste Management Environmental Field Office (www.tdec.net/efo).

Facility Name _____

Permit No SWP _____

(For SWM office use only.)

PROCESSING FACILITY
FINANCIAL ASSURANCE WORKSHEET

-
1. The maximum storage capacity for solid waste in cubic yards:
Attach a sketch and/or calculation to support this number.

_____ yd³

2. The cost of transporting to a disposal site (The cost per yd³ times the amount shown above.):

\$ _____

3. The cost (tipping fee, surcharges, etc.) to dispose of this volume of waste:

\$ _____

4. Contingency fee of 5%

\$ _____

5. Items 2+3+4= Total cost.

\$ _____

Total Amount Due

\$ _____

Signed _____

To the best of my knowledge, the above
information is correct and complete.

Solid Waste Management

SOLID WASTE APPLICATION AND FILING FEE FORM

Please complete the Solid Waste Application Filing/Processing Fee form (CN-0934) used to submit fees for Permit By Rule Facilities. Attach the \$1,000 application fee payable to: Treasurer, State of Tennessee.

Please note the name of your facility on the payment instrument. The form and fee should be mailed to the Division of Fiscal Services at:

State of Tennessee
Department of Environment and Conservation
Division of Fiscal Services
Fee Section – SWM
401 Church Street
14th Floor, L & C Tower
Nashville, TN 37243



**TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF SOLID WASTE MANAGEMENT**

SOLID WASTE APPLICATION FILING/PROCESSING FEE

1. Facility Information Full Legal Name of Facility Mailing Address City, State, Zip Code	2. Permittee Information Permittee (Name/Legal Entity) Mailing Address City, State, Zip Code () Telephone Number of Permittee															
3. Physical Location/Directions to Facility	4. Type Facility and Fee Due: <input type="checkbox"/> New Disposal Facility* <input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Hydrogeology \$ 4,000 <input type="checkbox"/> Construction Plan Review .. 6,000 <input type="checkbox"/> Class III <input type="checkbox"/> Class IV .. 3,000 <input type="checkbox"/> Major Modification 2,000 <input type="checkbox"/> Processing Facility..... 1,000 <input type="checkbox"/> Transfer of Ownership 1,000 <input type="checkbox"/> Transfer Station..... 500 *Includes Lateral Expansions															
5. Total Site Acres (If Disposal Operation):	6. Amount of Fee Enclosed: \$															
7. Total Acres In Landfill Footprint:	8. Type and Size Facility If Processing Facility:															
9. I certify the above to be true, accurate and complete. I further understand that this fee is applicable if the Department reviews my application within the time allotted by the regulations, even if the permit is denied. <table style="width: 100%;"><tr><td style="width: 50%; text-align: center;">_____ Print or Type Name</td><td style="width: 50%; text-align: center;">_____ Title</td></tr><tr><td style="text-align: center;">_____ Signature</td><td style="text-align: center;">_____ Date</td></tr></table>		_____ Print or Type Name	_____ Title	_____ Signature	_____ Date											
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<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="3" style="padding: 5px;">FISCAL SERVICES USE ONLY BELOW THIS LINE</td><td colspan="2" style="padding: 5px;">ASSIGNED FACILITY ID NUMBER:</td></tr><tr><td style="width: 20%; padding: 5px;">CD Number</td><td style="width: 20%; padding: 5px;">Date Received</td><td style="width: 20%; padding: 5px;">Amount</td><td style="width: 20%; padding: 5px;">Receipt #</td><td style="width: 40%; padding: 5px;">Comments</td></tr><tr><td style="height: 60px;"></td><td></td><td></td><td></td><td></td></tr></table>		FISCAL SERVICES USE ONLY BELOW THIS LINE			ASSIGNED FACILITY ID NUMBER:		CD Number	Date Received	Amount	Receipt #	Comments					
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INSTRUCTIONS FOR APPLICATION FILING/PROCESSING FEE

1. Enter full name of facility, mailing address, and zip code.
2. Enter the permittee's name (person/legal entity to whom permit will be issued), mailing address, zip code, and telephone number complete with area code in this block.
3. Enter the physical location with directions to the proposed facility (not a post office box or mailing address) in this space.
4. Mark the appropriate checkbox to indicate if the application is for a disposal facility, a processing facility, a transfer facility, a major modification, or a transfer of ownership for an existing facility. If the application is for a disposal operation, also mark the appropriate checkbox to indicate the classification of the facility being proposed. For class I and class II facilities, indicate whether the payment is being made for the hydrogeologic report (\$4000.00) or the construction plan review (\$6,000.00). Transfers of ownership apply to all facility types.
5. If this facility is a landfill (any class), enter the number of total permitted site acres, regardless of whether the entire site will be a part of the operational area.
6. Enter the amount of the fee you are enclosing. The correct amount can be determined by referring to item (4) of the form. To the right of the facility type is the amount of the fee due for that type of application (example: a Class III disposal facility has a \$3,000.00 fee).
7. Enter the total area in the landfill footprint here, if applicable.
8. If application is for a processing facility, enter the type and size (example: incinerator-- 25 tons/day capacity).
9. The owner or an authorized officer of the company must print their name and title before signing and dating the certification.

Note:

Please make checks payable to State of Tennessee, Division of Solid Waste Management.

Mail check and the completed form to: State of Tennessee, Department of Environment and Conservation, Division of Fiscal Services – Fee Section – SWM, 401 Church Street, 14th Floor Tower, Nashville, TN 37243.

"TIMELY ACTION" TIMING STARTS WITH THE RECEIPT OF YOUR CHECK AND THE COMPLETED FORM IN THE CENTRAL OFFICE AND THE RECEIPT OF ALL NECESSARY MATERIALS FOR THE REVIEW IN THE FIELD OFFICE.